

Guidelines for OVHA Coverage

Item: Cervical Traction

Definition: Traction devices use a traction force to separate two body parts and to put a stretch on the tissues connecting those two parts. The purpose is to correct a malalignment, reduce compressive forces on underlying nerve tissue, reduce a bulging disc, and/or stretch connective tissue. A cervical traction device applies traction to the neck area.

Guidelines: The purchase of this type of device for a beneficiary may be appropriate when the following conditions are met:

- The beneficiary has a medical condition requiring traction AND
- The beneficiary has used a traction unit under the supervision of a physician or physical therapist, and it has been determined to be beneficial based on objective, measurable parameters AND
- The use of the device is part of a comprehensive program that includes education in body mechanics, postural alignment, and self-management of the underlying condition including pain management and an exercise program.
- The device is prescribed by a knowledgeable practitioner who is active with the Vermont Medicaid program.

Home cervical traction units are usually suspended over a doorframe, and the beneficiary uses the device in a sitting position. These are the least expensive type of unit. Beneficiaries may qualify for supine cervical traction units if they meet the following conditions:

- The beneficiary meets all the above guidelines for a cervical traction unit AND
- The beneficiary has a temporomandibular joint disorder or other chin/mouth disorder that impedes the use of the traction halter OR
- The beneficiary has failed a trial of sitting cervical traction but has objective, measurable changes using the supine traction device OR
- The physician has prescribed more than 20 pounds of traction.

There are codes for traction units with frames or which are freestanding. A medical necessity rationale written and submitted by a physician or physical therapist is required to demonstrate that neither sitting over-the-door or supine cervical traction has been effective for the beneficiary, and demonstrating through objective, measurable parameters that the freestanding or frame types have been successfully trialed.

Applicable Codes:

E0840 Traction frame, attached to headboard, cervical traction.

E0850 Traction stand, freestanding, cervical traction.

E0855 Cervical traction equipment not requiring additional stand or frame.

E0860 Traction equipment, overdoor, cervical.

Cautions: Traction can cause or exacerbate jaw pain and/or neck pain if improperly set up, or if there is underlying pathology. Some individuals, particularly the deconditioned or those with

arthritic fingers, have difficulty hanging the weighted bag that creates the traction counterbalance. It is imperative that when individuals use door traction, that they use doors that will not be opened during the traction treatment. A physician or physical therapist should provide instruction in the use of the device, assess the set-up for proper alignment, and assess the effectiveness of the device using objective measurable parameters.

Examples of Diagnosis: Bulging cervical disc, cervical misalignment, tightness and spasming of the cervical musculature/connective tissue, cervical radiculopathy.

Required Documentation:

- Current, complete Certificate of Medical Necessity AND
- Supporting documentation demonstrating that the beneficiary has a medical condition requiring traction AND the beneficiary has used a traction unit under the supervision of a physician or physical therapist, and it has been determined to be beneficial based on objective, measurable parameters AND the use of the device is part of a comprehensive program that includes education in body mechanics, postural alignment, and self-management of the underlying condition including pain management and an exercise program.

For supine cervical traction units there must also be supporting documentation demonstrating that:

- The beneficiary has a temporomandibular joint disorder or other chin/mouth disorder that impedes the use of the traction halter OR
- The beneficiary has failed a trial of sitting cervical traction but has objective, measurable changes using the supine traction device OR
- The physician has prescribed more than 20 pounds of traction.

For traction units with frames or which are freestanding, there must also be supporting documentation demonstrating that:

- Neither sitting over-the-door or supine cervical traction has been effective for the beneficiary or are medically contraindicated, AND demonstrating through objective, measurable parameters that the freestanding or frame types have been successfully trialed.

References:

Local Coverage Determination for Cervical Traction Devices. DMERC Region D, CIGNA Healthcare Medicare Administration. www.cignamedicare.com.

Clinical Policy Bulletin: Cervical Traction Devices. AETNA. www.aetna.com.

Swezey RL et al. Efficacy of home cervical traction therapy. Am J Phys Med Rehabil. 1999 Jan-Feb;78(1):30-2.

Lee MY et al. Design and assessment of an adaptive intermittent cervical traction modality with EMG biofeedback. J Biomech Eng. 1996 Nov;118(4):597-600.

Signature of OVHA Director: _____

Signature of OVHA Medical Director: _____

Date: _____

Revision 1:

Revision 2:

Revision 3: